CERTIFICATE OF T	TRANSMISSION BY FAC	SIMILE (37 CFR 1.8)	Docket No.	
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Mansoor Sarfarazi et al.			UCT-0046-P2	
John Marie Carlo		T		
Serial No.	Filing Date	Examiner	Group Art Unit	
10/609,133	June 26, 2003	NYA	NYA	
Invention: OPTINEURI	N AND GLUACOMA		RECEIVED	
INVOINGER OX XII MOMI	TAU GLUACOILA		CENTRAL FAX CENT	
	. *		MAY 2 4 2004	
	<del></del>	*		
			OFFICIA	
I hereby certify that this	Amend. Trans.l Letter (	1 pg) & Preliminary Amend. (5 p	ogs) Exhibits (3, 7 pgs)	
		(Identify type of correspondence)		
is being facsimile transmi	tted to the United States Paten	it and Trademark Office (Fax. N	No, 703-872-9306	
on May 24, 2	004			
(Date)		•		
		71 T	<u>.</u>	
		Lindsay W (Typed or Printed Name of Perso		
		\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-		
		(Signature)	3	
		1000	•	
I				
(X)	Note: Each paper must h:	ave its own certificate of mailing.		
•			•	
· v				

AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Mansoor Sarfarazi et al.					Docket No. UCT-0046-P2	
	Serial No. Filing Date 10/609,133 June 26, 2003		Examiner NYA		Group Art Unit	
Invention: OPTINEURIN AND GLAUCOMA						
TO THE COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-Identified application.  Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.  A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.  The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
,	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	43 -	43 =		x \$9.	· · · · · · · · · · · · · · · · · · ·	
INDEP. CLAIMS	9 -	9 =	0	x \$43	.00 \$0.00	
Multiple Dependent Claims (check if applicable)					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00					\$0.00	
<ul> <li>No additional fee is required for amendment.</li> <li>☐ Please charge Deposit Account No. in the amount of</li> <li>☐ A check in the amount of to cover the filing fee is enclosed.</li> <li>☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130</li> <li>☑ Any additional filing fees required under 37 C.F.R. 1.16.</li> <li>☑ Any patent application processing fees under 37 CFR 1.17.</li> <li>☐ Le Cuyer Ph.D.</li> <li>☐ Registration No. 51,928</li> <li>☐ Customer No. 23413</li> <li>[860) 286-2929</li> </ul>						
Signature of Person Mailing Correspondence						
CC: Lindsay Wells VIA FACSIMILE  Typed or Printed Name of Person Mailing Correspondence						

NO.475 P.3

Docket No. UCT-0046-P2

RECEIVED CENTRAL FAX CENTER MAY 2 4-2004

IN THE UNITED	<b>STATES</b>	PATENT	AND T	TRADEMARK	OFFICE
---------------	---------------	--------	-------	-----------	--------

UFFICIAI
----------

Applicant:	Sarfarzi et al.	Group Art Unit:
Serial No.:	10/609,133	*
Filed:	June 26, 2003	Examiner:
For:	OPTINEURIN AND GLAUCOMA	<del></del>

## PRELIMINARY AMENDMENT

Box Non-Fee Amendment Commissioner for Patents Washington, D.C. 20231

Sir:

Prior to substantive examination of the above-referenced application, please enter the following amendments.